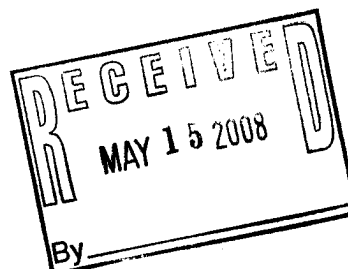


JC Egnew

From: Kevin Warner [kwarner@carmansite.com]
Sent: Wednesday, May 14, 2008 8:08 AM
To: 'JC Egnew'
Subject: McCreary County Park
Attachments: 06129-KPDESForm1.doc; 06129-KPDESFormF.doc

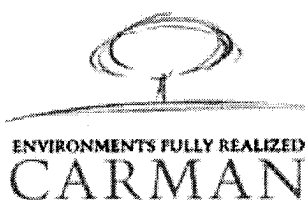


JC,

Attached are the two files that need to be printed and overnighted to the address below:

Mr. Larry Sowder
Environmental Scientist
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

Kevin L. Warner
Registered Landscape Architect



310 Old Vine St. Ste. 200
Lexington, KY 40507
(859)254-9803
F(859)255-8625
kwarner@carmansite.com

Mr. Sowder,
Please find enclosed signed copies
of the KPDES Form 1 and Form F.
Should you have any questions, I
can be reached at 606-376-5021.

5/14/2008 JC. Egnew, Chairman
McCreary County Park Board

May 9, 2008

Mr. Larry Sowder
Environmental Scientist
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

MAY 14 2008



**RE: McCreary County Park
KPDES Individual Permit**

Dear Mr. Sowder:

Enclosed is the KPDES Individual Permit as requested at our meeting on April 25, 2008. I believe the Permit is completed to the extent required for this project, although should you have questions or need additional information please let me know. Attached to the document are the test results for the water sampling requested. It was noted to me that the sampling for the east tributary was taken at a time that the site contractor was cleaning and clearing silt from the inline silt ponds and channel and thus the results may be skewed on typical conditions.

We will look forward to receiving comments from you and thank you for the time taken to assist with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "John L. Carman", is written over a horizontal line. The signature is stylized with a large, sweeping initial "J".

John L. Carman, FASLA, RLA

cc: Mr. J. C. Egnew
Mr. Rusty Cress

attachments

OFFICE OF THE ATTORNEY GENERAL
KENTUCKY 40307
PHONE: (502) 244-9803
FAX: (502) 244-8625

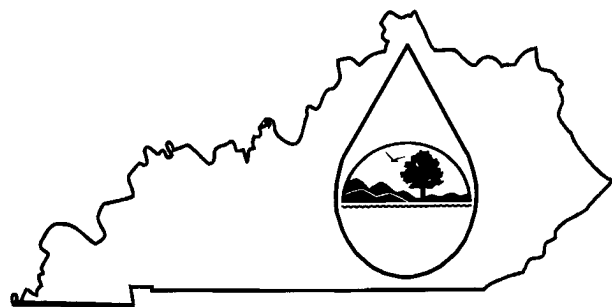
KPDES FORM 1

AI# 83159

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAY 14 2008

PERMIT APPLICATION



This is an application to: (check one)

- ☒ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	1	0	7	4	2	5
A. Name of business, municipality, company, etc. requesting permit McCreary County Fiscal Court Park Board									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.				
Facility Location Name: McCreary County Park					Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> J.C. Egnew				
Facility Location Address (i.e. street, road, etc., not PO Box): 2255 N. US Hwy. 27					Mailing Address: Outdoor Ventures, Inc., P.O. Box 337, 2280 S. Hwy. 1651				
Facility Location City, State, Zip Code: Whitley City, KY 42653					Mailing City, State, Zip Code: Stearns, KY 42647				
					Facility Contact Telephone Number: 606-376-5021				

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: Construction of a new park, including ballfields, future fairgrounds, and site for a future community center building.			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	1794 Excavation Work		
Other SIC Codes:	1629 Heavy Construction		

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: McCreary	City where facility is located (if applicable): Whitley City
C. Body of water receiving discharge: Tributary to unnamed tributary to Barren Fork of Indian Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 36d,45m,01s	Facility Site Longitude (degrees, minutes, seconds): -84d, 28m, 30s
E. Method used to obtain latitude & longitude (see instructions): topo map coordinates	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: N/A	Telephone Number: N/A
Operator Mailing Address (Street): N/A	
Operator Mailing Address (City, State, Zip Code): N/A	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class: N/A	Certification Number: N/A

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: N/A	Issue Date of Current Permit: N/A	Expiration Date of Current Permit: N/A
Number of Times Permit Reissued: N/A	Date of Original Permit Issuance: N/A	Sludge Disposal Permit Number: N/A
Kentucky DOW Operational Permit #: N/A	Kentucky DSMRE Permit Number(s): N/A	N/A

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)
--

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	J.C. Egnew
DMR Official Telephone Number:	606-376-5021

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	J.C. Egnew %Outdoor Ventures, Inc.
DMR Mailing Address:	P.O. Box 337, 2280 S. Hwy. 1651
DMR Mailing City, State, Zip Code:	Stearns, KY 42647

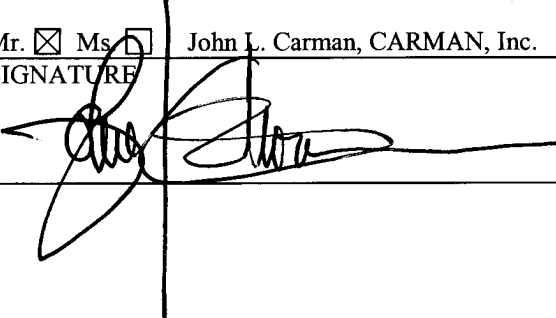
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

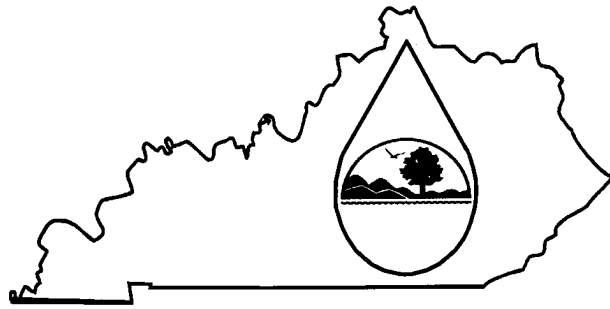
Facility Fee Category: Public Owned Treatment Works (No Fee Due)	Filing Fee Enclosed:
---	----------------------

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> John L. Carman, CARMAN, Inc.	TELEPHONE NUMBER (area code and number): 859-254-9803
SIGNATURE 	DATE: May 9, 2008

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAY 14 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE	0	1	0	7	4	2	5
----------------------------	------------	---	---	---	---	---	---	---

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
1. (West tributary)	36	45	22	-84	28	44	Unnamed tributary of Barren
							Fork of Indian Creek
2. (East tributary)	36	45	22	-84	28	38	Unnamed tributary of Barren
							Fork of Indian Creek

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
401 & 404 permit applications are pending with conditions to be determined	1 & 2	Sediment from excavation	Construction of park	TBD	TBD

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
1. (west)	1.42 acres	72.34 acres	2. (east)	0.26 acres	22.30 acres

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Large scale earthmoving has occurred on this site since July 2007. Best management practices, including rock checks, silt fence, sediment basins, diversion ditches, seeding and erosion control blankets, have been implemented to minimize erosion of soil and sedimentation of unnamed tributaries on the site.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
1. & 2.	Rock check dams, including filter fabric embedded in the stone, and silt fence are used to screen sediment from storm runoff. Sediment basins are excavated in front of the rock checks to settle the sediment.	1-T and 1-U

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
N/A		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

There are no non-storm water discharges.

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

An unknown quantity of sediment was discharged from the east tributary on July 11, 2007 when installation of the rock check was incomplete. An unknown quantity of sediment was discharged on Oct. 23, 2007 when the east tributary rock check was partially breached. An unknown quantity of sediment was discharged on April 3 & 4, 2008 when a partial breach occurred at the spillways of the rock checks at both the east and west tributaries.

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).
☒ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

AREA CODE AND PHONE NO.

Mr. ☒ Ms. ☐ John L. Garman, CARMAN, Inc.

859-254-9803

SIGNATURE

DATE SIGNED

May 9, 2008

OUTFALL NO:

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand (BOD ₅)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.					
1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

1000

1000

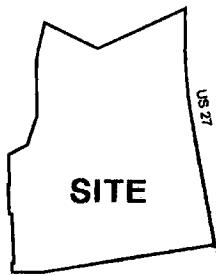
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08 May 2008

Mr. Kevin Warner

CARMAN

310 Old Vine Street

Lexington, Kentucky 40507

Kevin,

Included are the results of the water samples taken in each of the tributaries at the McCreary County Park project on 07 May 2008. Samples were taken by Justin Waters (McCreary County Water District) as well as myself.

Eastern Tributary	Western Tributary
Approximately 150 yards downstream of check dam at edge of park property	Approximately 200 yards downstream of check dam at edge of park property
N 36.75683 W 084.47804	N 36.75610 W 084.47905
11:34 AM	11:03 AM
Temperature = 15 C	Temperature = 17 C
pH = 7.61	pH = 7.53
Flow = 2.95 cfs	Flow = 21.2 cfs
Iron = 6.9 mg/l	Iron = 1.305 mg/l
Hardness = 72.4 mg/l	Hardness = 64.6 mg/l
Turbidity = 606 NTU	Turbidity = 26.2 NTU
Total Suspended Solids = 360 mg/l	Total Suspended Solids = 27.5 mg/l
Settleable Solids = 23.0 mg/l	Settleable Solids = 12.7 mg/l

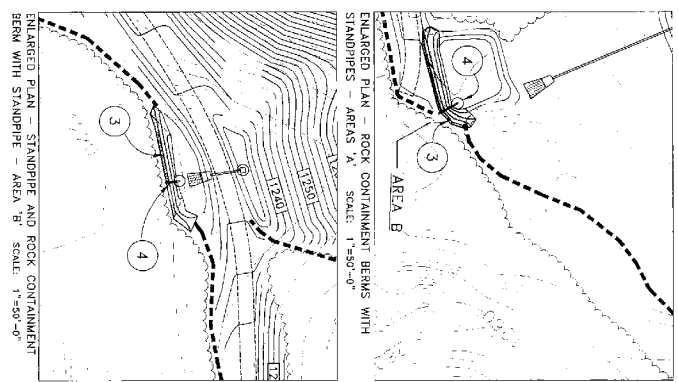
If you have any questions, give me a call at 606-219-2973 (cell phone).

Thanks,

Doug Stephens

P. O. Box 243

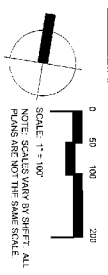
Whitley City, KY 42653



ENLARGED PLAN - STANDPIPE AND ROCK CONTAINMENT BERM WITH STANDPIPE - AREA 'B' SCALE: 1"=50'-0"

[illegible]

SEE EROSION CONTROL & PHASING NOTES
ON SHEET C3.1.



ENLARGED PLAN - ROCK CONTAINMENT BERM WITH DIVERSION CHANNEL
AND ROCK CONTAINMENT BERM WITH STANDPIPE - AREA "C" SCALE:
1"=50'-0"

FOR LOCATION OF UNDERGROUND UTILITIES, CALL B.U.D. 1-800-752 6007 2 WORKING DAYS IN ADVANCE OF DIGGING

Overall & Enlarged Erosion Control Plan
 Bid Alternate #1
 PHASE I SITE DEVELOPMENT
 McCREARY COUNTY PARK
 McCREARY COUNTY, KENTUCKY



JOHN L. CORMAN & ASSOCIATES, INC.
 310 Old Vine Street, Suite 200
 Lexington, Kentucky 40507 859/254-9803
 Landscape Architecture • Planning • Site Engineering

DRAWN ice
DATE 4/18/07
CHECKED bow
REVISED 9/28/07
12/20/07
JC # 05-129

C3.0